

Missouri Statewide Health Information Exchange

MO-HITECH Advisory Board Meeting

April 15, 2010

10:00 am – 3:00 pm CT

Jefferson City, MO



Agenda

Topic	Facilitator(s)	Time
Welcome, Introductions, & Agenda Review	Ron Levy (Co-Chair) Barrett Toan (Co-Chair)	10:30 – 10:40 am
Process Updates <ul style="list-style-type: none"> ➤ Strategic Plan Submission ➤ Missouri HIT Assistance Center ➤ Medicaid Planning 	Co-Chairs & University of Missouri	10:40 – 11:10 am
Workgroup Updates <ul style="list-style-type: none"> ➤ Governance <ul style="list-style-type: none"> • Articles of Incorporation • Bylaws • Board Nomination Process ➤ Consumer Engagement 	Co-Chairs, Staff, Manatt & Polsinelli Shugart	11:10 am – 12:30 pm
Lunch	All	12:30 – 1:00 pm
Workgroup Updates (contd) <ul style="list-style-type: none"> ➤ Finance ➤ Technical Infrastructure and Business & Technical Operations <ul style="list-style-type: none"> • Request for Information ➤ Legal/Policy 	Co-Chairs, Staff & Manatt	1:00 – 2:40 pm
Next Steps	Co-Chairs & Manatt	2:40 – 3:00 pm

Governor Nixon's Vision – Six Objectives

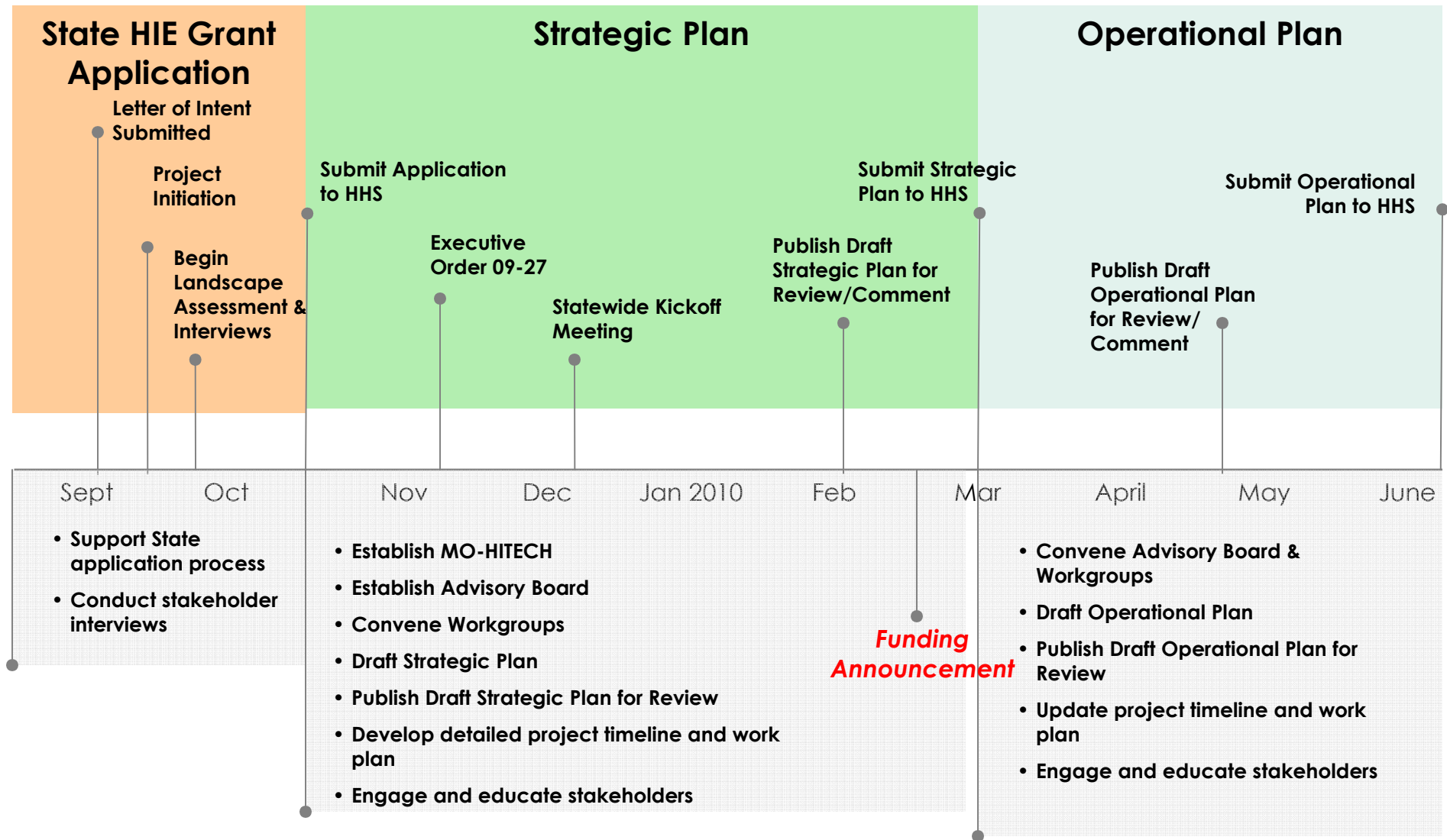
1. **Improve the quality of medical decision-making and the coordination of care;**
2. **Provide accountability in safeguarding the privacy and security of medical information;**
3. **Reduce preventable medical errors and avoid duplication of treatment;**
4. **Improve the public health;**
5. **Enhance the affordability and value of health care; and**
6. **Empower Missourians to take a more active role in their own health care.**

Thank you for partnering with the state in taking critical first steps in building a new framework for health information technology in Missouri

Meeting Objectives

- **Provide update on Strategic Plan submission and recent funding announcements**
- **Provide update on Workgroups' progress**
 - Review draft Articles of Incorporation & Bylaws
 - Update on Board Nomination Process
 - Update on Request for Information
- **Plan for May and June meetings to ensure**
 - Timely submission of the Operational Plan
 - Appointment of the Board of the Statewide HIO

Project Tasks & Timeline through June 2010 – Critical Juncture



Strategic Plan Submission

- **Strategic Plan was submitted to ONC on March 31st**
 - The final Strategic Plan is posted online
<http://dss.mo.gov/hie/action/index.shtml>
- **23 organizations provided a letter of support – *Thank you!***
 - Letters may be viewed online at
<http://dss.mo.gov/hie/stakeholders/index.shtml>
- **Target date for submission of the Operational Plan: June 30, 2010**

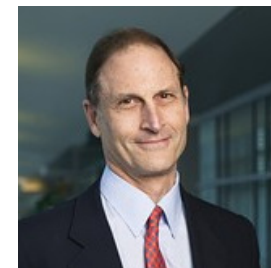
National Update – Funding Announcement

April 6, 2010

WASHINGTON, DC – HHS Announces \$267 Million in Recovery Act Funds for New Health IT Regional Extension Centers

“Regional extension centers will provide the needed hands-on, field support for all health care providers to advance the rapid adoption and use of health IT. RECs are a vital part of our overall efforts to improve the quality and efficiency of health care through the effective use of health IT.”

- D. Blumenthal, National Coordinator for Health Information Technology



Program	National	Missouri
State HIE	56 awards (states & SDEs)	➤ Department of Social Services - \$13,765,040 <i>Operational Plan deadline – July 30, 2010</i>
Regional Extension Center	60 awards	➤ University of Missouri – \$6,836,335
Workforce	55 training programs in 30 states	➤ Full Employment Council (Kansas City)- \$5M ➤ Crowder College (Neosho) - \$3.6M ➤ Marysville University (St. Louis) - \$4.7M

Missouri Health Information Technology Assistance Center

- **Award announced on April 6, 2010**
- **Regional Center will serve the state of Missouri**
- **Partnership:**
 - University of Missouri, Department of Health Management and Informatics; Center for Health Policy
 - Missouri Telehealth Network
 - Primaris
 - Missouri Primary Care Association
 - Kansas City Quality Improvement Consortium

Missouri HIT Assistance Center

- **Goal: Help *Priority Primary Care Providers* (primary care providers with 10 or fewer prescribers in practice) select, adopt, implement, and achieve meaningful use of EHR.**
- **Target is to serve 1200 Priority Primary Care providers in first two years of grant.**

Missouri HIT Assistance Center

➤ **Timeline:**

- Grant Awarded: April 6, 2010
- Operational Plan due to ONC: May 5, 2010
- Revised Budget must be submitted before June 7, 2010
 - No funds available and no field work may be done until ONC has approved both the operational plan and revised budget

Missouri HIT Assistance Center

➤ **Funding: Grant award of \$6.8 million for two years**

- \$500,000 per year for Core support
- Majority of funding is to provide direct services, through the efforts of partners
- Funds for direct services released quarterly, based on three milestones
 - Signed Provider Contract
 - Provider “Go Live” on EHR (use of e-prescribing and quality reporting modules)
 - Provider achieves Meaningful Use

Medicaid Planning – Parallel Process

Medicaid Population & Impact

- **Of Missouri's 5.6 million residents, approximately 15.6% are Medicaid beneficiaries**
- **Medicaid claims represent over 20% of all healthcare claims currently paid in the State (90,000,000 claims annually)**
- **Medicaid coverage is expected to increase to over 20% of the Missouri residents in the next five years under health care reform**

Medicaid Planning – Parallel Process

➤ **Federal Guidance – Section 4201 of the American Recovery and Reinvestment Act (ARRA) of 2009**

- State Medicaid Agencies are charged with administration of meaningful use EHR incentive payments to providers
- 90% Federal financial participation (FFP) match is available for State expenses for administration of incentive payments – *States may immediately request funding for administrative planning activities through a Planning Advanced Planning Document*
- States should view Medicaid planning activities as part of the larger evolving State health IT efforts

➤ **Missouri Medicaid Planning Advanced Planning Document (PAPD) approved on March 26th**

- Approximately \$1.7M in Federal and State match funding (90/10 match)
- State Medicaid HIT Plan is currently under development
 - Target completion: July 31, 2010
- Implementation Advanced Planning Document (IAPD) will be developed upon approval of State Medicaid HIT Plan
 - IAPD will outline plan to administer meaningful use incentive payments

Coordination with State HIE Cooperative Agreement planning process is required for both Medicaid and HIE planning purposes

Medicaid Planning – Parallel Process

➤ **Medicaid planning activities to include:**

- Development of a State Medicaid HIT Plan
- Survey of providers to complete a current HIT landscape assessment that describes the impact of HIT activities on Medicaid beneficiaries
- Strategic planning activities to develop the vision, objectives, and goals for the Medicaid program to become part of existing and planned federal, regional, statewide, and/or local health information exchanges with dates for achieving objectives of the vision, where appropriate
- Develop policies and procedures for administration and oversight of meaningful use incentive payments to be administered to Medicaid providers
- Create the outreach, training, and education necessary for the adoption and operation of EHR technology for eligible Medicaid providers

Medicaid Planning – Parallel Process

Current Health IT Tools & HIE

- **Cyber Access web portal – Access to e-prescribing and refill requests, lab results, diagnoses, procedure codes, continuity of care document (CCD) viewer**
 - 13,000 users in 3,600 practice sites treat over 82% of Medicaid participants have been trained and are regularly using CyberAccess
 - Platform supports enterprise service bus (ESB), HIE, master patient index, and registry functionality
- **Medicaid architecture is being re-engineered to provide an enterprise service bus (ESB) and web call features that strategically align with planned infrastructure and services proposed for the Statewide HIO (estimated Fall 2010)**
- **Integration and strategic planning among Department of Social Services, Department of Health and Senior Services, and Department of Mental Health**
 - Approximately 50% of the population has been assigned a common Departmental Client Number (DCN)

Medicaid Planning – Parallel Process

Summary

Medicaid...

- must be strategically integrated with statewide HIE network and services
- brings access to existing assets/technology and health IT tools
- provides access to leveraged funding for EHR deployment in the provider community
- provides pathway to incentive funding
- is an integral resource in tying together third party coordination of benefits, clinical services, paid claims information, and public health/outcomes information for a large number of Missourians

MO-HITECH Progress to Date – Workgroup Updates

➤ **Governance**

- Steve Roling, Healthcare Foundation of Greater Kansas City
- Ronald J. Levy, Director, Department of Social Services

➤ **Consumer Engagement**

- Scott Lakin, Lakin Consulting
- Margaret T. Donnelly, Director, Department of Health and Senior Services

➤ **Business and Technical Operations**

- Karl Kochendorfer, MD, University of Missouri - Columbia
- Ian McCaslin, MD, Director, MO HealthNet Division

➤ **Technical Infrastructure**

- Mitzi Cardenas, CIO, Truman Medical Center
- Doug Young, CIO, Information Technology Services Division

➤ **Legal/Policy**

- Sandra Johnson, Professor Emerita of Law and Health Care Ethics, St. Louis University School of Law
- Doug Nelson, Deputy Chief of Staff, Governor's Office

➤ **Finance**

- John M. Huff, Director, Department of Insurance
- Donna Checkett, Senior Vice President, Aetna Medicaid

Progress to Date – Overview

Workgroup consensus and outstanding questions

Workgroup/Domain	Consensus	Outstanding Questions
Governance	<ul style="list-style-type: none"> ➤ Statewide Health Information Organization (HIO) ➤ Functions of the Statewide HIO ➤ State role in Statewide HIO ➤ Incorporation of Statewide HIO & internal structure ➤ Composition of Board 	<ul style="list-style-type: none"> ➤ Participant adherence to policies ➤ Relationship with regional HIOs ➤ Operational goals/functions ➤ Draft Articles of Incorporation & Bylaws are under review ➤ Nomination process for Board of Directors is in progress
Consumer Engagement	<ul style="list-style-type: none"> ➤ Ongoing consumer engagement ➤ Consumer engagement principles ➤ Definition of "individual consumer" and "consumer advocate" ➤ Consumer "Advisory Council" 	<ul style="list-style-type: none"> ➤ Prioritization of activities for Consumer Engagement Strategy ➤ Hard-to-reach populations and communications media
Technical Infrastructure	<ul style="list-style-type: none"> ➤ Leverage existing investments and resources ➤ Systems and processes must be flexible and adaptable ➤ Layered technical architectural approach ➤ Technical infrastructure principles ➤ Core infrastructure services 	<ul style="list-style-type: none"> ➤ Small and medium size practices, particularly in rural and out-state Missouri, ability to access to HIE services ➤ Process for implementation ➤ RFI in progress to gather market information on component availability and pricing
Business and Technical Operations	<ul style="list-style-type: none"> ➤ Clinical services will support meaningful use requirements ➤ Compliance with national standards ➤ NHIN participation ➤ HIE Service Analysis 	<ul style="list-style-type: none"> ➤ Clinical service prioritization ➤ "EHR lite" offering ➤ Connection to NHIN ➤ Implementation approach
Legal/Policy	<ul style="list-style-type: none"> ➤ Consent requirement ➤ Uses of health information ➤ Sensitive health information 	<ul style="list-style-type: none"> ➤ Consent model ➤ Minimum statewide standards for four As ➤ Oversight and enforcement ➤ Interstate HIE
Finance	<ul style="list-style-type: none"> ➤ Six year model ➤ Assumptions ➤ Data collection method 	<ul style="list-style-type: none"> ➤ Initial model is under review ➤ Finance model assumptions are in progress ➤ Costs associated with decisions of other Workgroups (e.g. Core infrastructure, HIE services) ➤ Sources of upfront and ongoing financing

Governance Workgroup – Articles of Incorporation

Highlights

➤ **Name of Corporation**

- [Missouri Health Information Organization] – proxy name

➤ **Purposes**

- These articles shall not be altered, amended, or repealed to change the Corporation's purposes without the Governor's prior approval

➤ **Board of Directors**

- The initial Board of Directors will be named by the Incorporators and be constituted of 13 individuals

➤ **Outstanding questions**

- Incorporators

Governance Workgroup – Bylaws

Highlights

➤ **Article III – Board of Directors**

- There will initially be 13 Directors, including ex-officio Directors
 - Director of the Missouri Department of Social Services
 - Director of the Missouri Department of Senior Services
- Election, Class, & Term
 - The initial term of the Directors shall be one year; no Director shall serve more than two full (3 year) consecutive terms
 - Directors will be nominated by the Nominating Committee, subject to the advise and consent of the Governor of Missouri
- Board Composition
 - At all times there should be representation of providers and “consumer advocates”
- Quorum and Voting – A majority of Directors will constitute a quorum
- Compensation – Directors will not receive any compensation for their services in any capacity, but may be reimbursed for their expenses for meeting attendance

Governance Workgroup – Bylaws

Highlights

➤ **Article IV – Committees of the Board**

- The Board may designate and appoint:
 - One or more committees of the Board
 - The Board shall appoint members to serve on each committee
 - Each committee will consist of two or more Directors
 - An Executive Committee of two or more Directors
 - A Nominating Committee of [?] Directors; Directors up for re-election may not serve on the Nominating Committee
 - A Finance and Audit Committee consisting of at least three Directors

➤ **Article V – Workgroups or Advisory Bodies**

- The Board may designate and appoint one or more workgroups or advisory bodies comprised of subject matter experts to support the Board's activities
 - Board-appointed members
 - May be composed of non-Directors
 - No voting rights or official authority
- The Board shall designate a Consumer Advisory Council consisting of “individual consumers” and “consumer advocates”
 - *[The Consumer Engagement Workgroup recommends that at least one member of the Board participate in the Consumer Advisory Council]*

Governance Workgroup – Bylaws

Highlights

➤ **Article VI – Officers**

- Elected Officers: Chairman, Vice Chairman, Secretary, and Treasurer

➤ **Article VII – General Provisions**

- President – The Board may delegate day-to-day operation of the Organization to a President
- Contracts – The Board may authorize contracts on behalf of the Organization
- Conflicts of Interest Policy – The Board will adopt a Conflicts of Interest Policy
- Missouri Sunshine Law – The Organization will subject itself to the Missouri Sunshine Law

➤ **Article X – Amendments**

- Article I and specific sections of the Bylaws shall not be altered, amended, or repealed without the Governor's prior approval
 - Applies to: Purposes and Limitations; Election, Class, and Term; Nomination, Approval and Election of Directors; Ex-Officio Directors; Board Composition; Adopting a plan of merger, consolidation, or sale of property; Consumer Advisory Council; and Missouri Sunshine Law

➤ **Amendments**

- Bylaws may be altered, amended, or repealed, and new Bylaws may be adopted, by a majority vote of all Directors

Governance Workgroup – Missouri HIO Board Nomination Process

Process

- The Nominating Committee held its initial meeting on March 29th
- The Committee will meet in April and May to review nominees for presentation to the MO-HITECH Advisory Board in early June
- To ensure consideration, nominations should be received by Charlotte Krebs at ckrebs@primaris.org or 573 424-9174 by April 23, 2010 at 5:00 pm CDT
 - Nominations will continue to be accepted until the full Board is assembled
 - Please provide:
 - Description of how the nominee could provide value to the Board of Directors and meet Board nomination criteria
 - Nominee's CV or resume

Nominating Committee

- Steve Roling, Health Care Foundation of Greater Kansas City (Co-Chair)
- Ron Levy, Missouri Department of Social Services (Co-Chair)
- Rob Freund, St. Louis Integrated Health Network
- Scott Lakin, Co-Chair, Consumer Engagement Workgroup
- Laura McCrary, Kansas City Bi-State HIE
- Pat Mills, Missouri State Medical Association
- Jerry Sill, Missouri Hospital Association

Board nomination form is accessible online at
<http://dss.mo.gov/hie/action/index.shtml>

Governance Workgroup – Nomination Criteria

- **The Board should be broadly representative of Missourians and exhibit ethnic, cultural, geographic, racial, and gender diversity**
- **At all times providers and consumer advocates must be represented on the Board**
- **Board members will be selected based upon:**
 - Leadership experience, background, and ability to oversee the start-up of the new organization and implement the Strategic and Operational Plans
 - Perspective and knowledge of HIE
 - Diversity and balance among multiple stakeholder categories
- **Nominations should include business, industry, and health care thought leaders, representing:**
 - Health care providers, including physicians, health systems and hospitals, public health, behavioral and mental health, and safety net providers
 - Consumer advocates and patients
 - Employers and insurers
 - Legal and health IT experts
 - Other current and future stakeholders in Missouri's health care delivery system

Governance Workgroup – Potential Sources of Nominees

- **Current MO-HITECH Advisory Board**
- **Current MO-HITECH Workgroup Co-Chairs**
- **Active MO-HITECH stakeholders and participants**
- **MO-HITECH Co-Chair recommendations**
- **Nominating Committee recommendations**
- **Provider and Hospital associations**

Consumer Engagement Workgroup

Consumer Advisory Council (CAC) – Recommended Straw Model

➤ **Membership**

- The CAC will consist of 13 members appointed by the Statewide HIO Board of Directors
- Membership on the Council should be comprised of individual consumers and consumer advocates as defined in the Bylaws of the Statewide HIO
- The CAC's membership should reflect appropriate diversity, such as age, gender, race, ethnicity, geographic representation, consumer perspectives, income, and health care coverage

➤ **Functions**

- Provide consumer input and perspectives to the Statewide HIO Board of Directors as it develops policies and programming
- Serve as liaison between the CAC and its members' respective consumer organizations to facilitate two-way communication
- Inform and shape the consumer engagement outreach strategy and champion its messages
- Evaluate the impact of the Statewide HIO's policies and programming on the consumer population
- Foster leadership development among CAC members and propose appropriate consumer advocate nominees for the Board of the Statewide HIO

Consumer Engagement Workgroup

Consumer Advisory Council (CAC) – Recommended Straw Model

➤ Administration

- The initial meeting of the CAC should be in-person; at the initial meeting the CAC will establish a process to appoint a Chair or Co-Chairs of the CAC
- Members should be reimbursed for their travel costs to reduce any burden of participation
- The CAC will meet regularly, as well as ad hoc if needed to accomplish its goals/tasks
- CAC members may participate in meetings by teleconference or in-person; different meeting locations may be considered to accommodate the CAC membership
- In its formative year(s), the CAC may need to meet monthly while the Statewide HIO finalizes and implements policies, and as consumer opinion and concerns become increasingly known
- The CAC should meet in-person at least once annually

Consumer Engagement Workgroup

Statewide HIO Consumer Staff Support – *Recommended Roles & Responsibilities*

➤ **Administrative Duties**

- Manage relationships with partner consumer organizations to develop, share, and promote messages about health IT and HIE
- Collaborate with staff to ensure the consumer perspective is incorporated into planning and programming
- Monitor regional, state, and national developments around HIE and the impact on consumers
- Serve as a liaison between the Statewide HIO and consumer advocates
- Develop and manage budgets for consumer outreach strategy and the CAC

➤ **Consumer Advisory Council**

- Work with the CAC Chair to ensure that the Council is meeting its intended objectives
- Contribute to and inform the development of CAC meeting agendas
- Provide administrative support (e.g. scheduling)
- Coordinate and distribute agendas and background materials
- Capture and distribute meeting summaries
- Conduct follow-up as needed to ensure programming is developed in a timely manner

Consumer Engagement Workgroup – Exercise with Health Literacy Missouri



Request to Release My Health Information to Wellport

Wellport is an electronic health information network that allows physicians and other health care clinicians more timely and reliable access to your health information. Wellport is designed to improve the safety, quality, and efficiency of the health care that you receive.

What's new? Currently, health information is shared among clinicians by telephone, fax, paper copies, email and by secure connections to hospitals' computers. While information may continue to be shared in this way, now information may also be shared electronically through Wellport. With your written request below, Wellport will compile a frequently updated listing of some of your health information – called a Shared Health Summary – to be shared with clinicians in our medical community who need it for your care. Your request to release a listing of your health information allows those who care for you to access that summary at any time.

Who can access my Shared Health Summary? Only people with an approved reason are permitted to see your Health Summary. This includes your physician and other clinicians, those who help them manage and deliver health services to you, and those whose responsibility it is to operate, secure, monitor and evaluate Wellport, or to assess the quality of care delivered. It also includes hospitals, labs, imaging centers, medical institutions, and others as required by law.

Potential benefits of participation:

- By having a Shared Health Summary available for your clinicians you are likely to save you time at medical visits and when a consultation is needed.
- In the event that you are seriously injured or unconscious and seen within our medical community, your Shared Health Summary – including, but not limited to, your medications, past history and allergies – will be readily available, helping to protect you against medications or treatments that may be harmful to you.
- Because the Shared Health Summary is updated frequently, the system should help reduce unnecessary duplication of diagnostic studies.
- Incorrect entries in your health record can be more easily corrected, and changes in your medical condition may be more easily transmitted across the medical community.
- Any participating clinician involved in your care will have a regularly updated summary of your current health information immediately available.
- You, the patient, will have secure online access to much of this information. Information about your Advance Directives will be available to any participating clinician who needs it.
- Measurement, monitoring and reporting by (and to) authorized representatives of the clinical community will help improve quality, efficiency, and public health.
- There may be other benefits.

Potential risks of participation:

- From your medication list and health history, it is possible to understand details about your mental health, all of your pregnancies, sexually transmitted diseases, alcohol or drug problems, chronic medical conditions, genetic disorders and HIV infection and other information that you may consider sensitive.

Page 1 of 2

- Although this information is encrypted and access is audited and controlled, it is possible that someone (with whom you would not want to share information) may see something that makes you uncomfortable.
- Your record may have errors that are then shared with other members of the medical community.
- Though unlikely, unauthorized electronic access to a large database like this one may occur.
- There may be other risks.

Security and Safeguards: Wellport uses both physical and electronic barriers to help reduce the risk of unauthorized access. A careful record and audit will be kept of any person who accesses your information (which is not possible with paper records). Any person who accesses your medical information is required to have an appropriate reason to do so. Penalties are in place in the unlikely instance that information is accessed inappropriately or otherwise misused.

How to withdraw permission: You can withdraw permission for releasing information to create your Shared Health Summary, from a single medical practice or health facility by sending written notice to that practice or facility. You can withdraw permission for all practices at once by notifying Wellport. Such notice will become effective within three business days after the request is received and acknowledged. Information already imported into a particular clinician's records cannot be removed. For record keeping purposes, the last Shared Health Summary will be retained, but is no longer viewable electronically by clinicians participating in Wellport. (Contact your physician's office or www.wellport.org to obtain the "Request to Prevent Sharing of Health Information" form.)

REQUEST FOR RELEASE OF INFORMATION:

I request _____ to release some of my health information to Wellport, to create my Shared Health Summary.

I have read this request form and have been given an opportunity to read a Wellport brochure. I understand the risks and benefits of having my information in Wellport. I know that Wellport does not replace speaking or meeting with my physician or other healthcare clinicians.

YES []

NO []

Signature of Patient or Patient Representative _____

Print Patient Name _____

Patient DOB _____

Patient Representative Relationship to Patient _____

Date _____

Page 2 of 2

Health Literacy Missouri – “Translated” Consent Language Review of Patient Facing Materials

Wellport is an electronic health information network that allows physicians and other health care clinicians more timely and reliable access to your health information. Wellport is designed to improve the safety, quality, and efficiency of the health care that you receive.

What's new? Currently, health information is shared among clinicians by telephone, fax, paper copies, email and by secure connections to hospitals' computers. While information may continue to be shared in this way, now information may also be shared electronically through Wellport. With your written request below, Wellport will compile a frequently updated listing of some of your health information – called a Shared Health Summary – to be shared with clinicians in our medical community who need it for your care. Your request to release a listing of your health information allows those who care for you to access that summary at any time.

What is MO HITECH?

MO HITECH (Missouri Health Information Technology) is a statewide computer network for your health information. This network makes it easier for doctors and health care staff to find and use your health care records. It is faster than using a phone, fax, email, paper copies, or a hospital computer network.

When you sign and return this piece of paper, MO HITECH will make an electronic list of some of your health records. This list is called a *Shared Health Summary*. It allows your doctors and health care staff to see your records at any time.

Consumer Engagement Workgroup – *Recommended Principles for Ongoing Strategy*

- **Use layers of communication to promote learning and raise awareness**
 - Disseminate information and messages using different media
- **Test communications with target audience**
 - Partner with the Missouri adult learning community
- **Develop communications and materials consistent with health literacy standards, relative to:**
 - Readability (e.g. 6th grade reading level)
 - Graphic layout and design (e.g. margins, font size, graphics)
 - Conveying information (e.g. videos, DVDs, posters, kiosks)

Pre-testing of materials, especially among vulnerable populations, is extremely important

Lunch Break

Finance Workgroup Update – HIE Model Approach Steps

Step 1: HIE Modeling Approach and Key Assumptions	Review HIE modeling approach, key assumptions and drivers with finance workgroup and modeling sub committee. Update key assumptions and drivers as required to customize the model for Missouri.
Step 2: Environment Data Collection	Collect relevant environment data necessary for the calculations of cost and revenue. Data includes: providers, payers, population, boarder states, existing HIOs, etc.
Step 3: Initial Cost and Revenue Models	<i>Develop initial draft of overall costs and revenue for the state based on environmental data and high-level assumptions.</i>
Step 4: Harmonize Model with Strategic Plan and Operational Plan Draft	Harmonizes the assumptions with the strategic plan and initial draft of the operational plan. Perform additional data collection as required to produce a second draft of the model.
Step 5: Iterate Model with Operational Planning Activities	Continue to iterate versions of the model to incorporate operational planning activities, assumptions and decisions. This step will ultimately lead to a final version of the model.

Data Collection Follow Up

Category	Status	Data Sources
General Information		
Physicians		<ul style="list-style-type: none"> ✓ Missouri Hospital Association ✓ Missouri State Board of Nursing ✓ Department of Health
Hospitals		<ul style="list-style-type: none"> ✓ Missouri Hospital Association
Federally Qualified Health Centers (FQHCs)		<ul style="list-style-type: none"> ✓ Missouri Primary Care Association
Rural Health Clinics (RHCs)		<ul style="list-style-type: none"> ✓ Missouri Association of Rural Health Clinics
Payers		<ul style="list-style-type: none"> ✓ Payers ✓ Department of Insurance
Pharmacies		<ul style="list-style-type: none"> ✓ Surescripts (2009 data) ✓ Board of Pharmacy
Labs		<ul style="list-style-type: none"> ✓ Payers ✓ Department of Health ✓ Labcorp ✓ Quest ✓ Missouri Hospital Association ✓ Department of Health & Senior Services ✓ Boyce and Bynum
Radiology Centers		<ul style="list-style-type: none"> ✓ Missouri Hospital Association ✓ Payers (credentialing)
Regional HIOs		<ul style="list-style-type: none"> ✓ Regional HIOs
Long Term Care Facilities		<ul style="list-style-type: none"> ✓ Department of Social Services

Key Business Model Assumptions

- **MO-HITECH/DSS will enter into a contact with the Statewide HIO**
- **The Statewide HIO will enter into a technical services contract (through an RFP process) to build a service offering consisting of core services and some value-added services**
- **Qualified organizations will have a participation agreement/contract with the Statewide HIO, binding participants to compliance with the Statewide HIO's policy guidance and rules**
- **Qualified organizations (RHIOs, hospital systems, Medicaid, others) will connect to the Statewide HIO to access core and value-added services**
- **Statewide policy guidance will include:**
 - Privacy and security rules
 - Technical rules
 - Financial rules
 - Vendor contract requirements
 - Ongoing governance structure and participation

Technical Infrastructure and Business & Technical Operations – RFI Process & Timeline

Event	Target Date(s)
Release RFI	March 26 th
RFI webinar for potential respondents <i>150+ Attendees</i>	March 31 st 11:00 am – 12:30 pm
Intent to respond due via email <i>20+ Vendors</i>	April 2 nd George.L.Oestreich@dss.mo.gov
Questions accepted <i>Answers to questions submitted by April 9th will be posted on the MO-HITECH website</i> http://dss.mo.gov/hie/faq.shtml	Through April 12 th , 5:00 pm CDT Please send questions to George.L.Oestreich@dss.mo.gov
Responses due	April 16 th , 8:00 am CDT George.L.Oestreich@dss.mo.gov
Review responses (MO-HITECH)	April 19 – April 30 th
Report to Workgroup(s)	May 4 th

The RFI is independent of any future RFP and will not affect a respondent's ability to respond or the evaluation of a future response

Goals & Objectives

- **Network architecture overview**
 1. Statewide HIO as a “nexus of hubs,” capable of
 - Routing messages among all providers and to consumers
 - Orchestrating messages according to business rules to achieve meaningful use functions
 2. Statewide HIO as a hub or onramp, facilitating connectivity to the Statewide HIO for providers unaffiliated with an HIO or hub
- **Hubs will communicate using NHIN messaging platform and other market-accepted HIE protocols as they become available**
- **Network will be built using service oriented architecture (SOA) principles and will incorporate web service components**

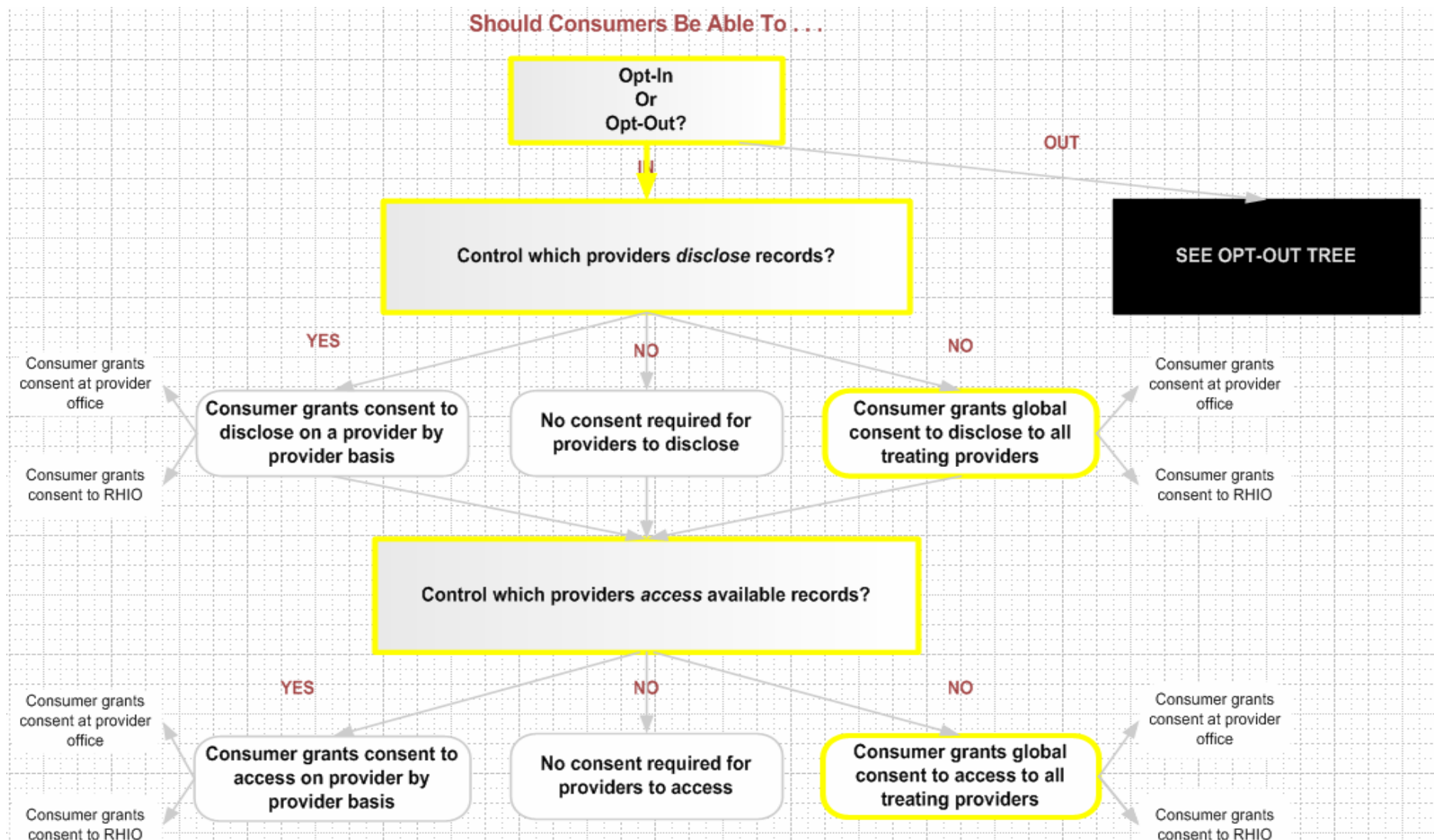
Clinical Functional Service Requirements - Overview

- **Clinical functional service requirements**
 - Laboratory ordering & results delivery
 - E-prescribing
 - Clinical information exchange
 - Eligibility and authorization unifications
 - Web viewers for providers without EHRs
 - Value-added services (optional)
- **Can respondents provide these functionalities OR offer alternatives?**
- **Services are intended to serve as a foundation for future HIE services (e.g. quality reporting, public health reporting, clinical decision support)**

RFI Application – Pricing Information

- **Pricing model with fixed and variable costs for:**
 - All technical services (functional, core, and non-functional)
 - Implementation
- **Prototype costing model parameters and scalability**
 - How does the pricing model change with the addition of other HIOs and providers?
- **Prototype information**
 - Institutional connections (Nodes):
 - Missouri State enterprise service bus (ESB)
 - One hospital system
 - One regional HIO
 - One physician group
 - Direct connections (HIE platform)
 - One critical access hospital using the Statewide HIO
 - Three small practices using the respondent's proposed solution's services

Legal/Policy Workgroup Update



Legal/Policy Workgroup Update – Considerations & Implications of Consent Models

Considerations	Opt-In Implications	Opt-Out Implications
Consumer Trust <ul style="list-style-type: none"> ➤ Statewide HIE represents a paradigm shift in the way health information is shared ➤ Consumer trust is paramount to engender public support for the Statewide HIO and ensure consumers' interests are protected 	<ul style="list-style-type: none"> ➤ Depends on deployment approach ➤ Requiring consumers to physically sign a consent policy may increase the likelihood that their consent is meaningful 	<ul style="list-style-type: none"> ➤ Depends on deployment approach
State & Federal Law Requirements <ul style="list-style-type: none"> ➤ Federal law under HIPAA does not require patient consent to exchange personal health information (PHI) for treatment, payment or health care operations ➤ Missouri case law is ambiguous as to whether consent is required for the release of PHI ➤ State statute <i>requires</i> authorization to exchange certain types of sensitive health information ➤ It is unclear whether authorization is required for the exchange of HIV information 	<ul style="list-style-type: none"> ➤ Provides maximum legal protection by recording patient consent to exchange PHI ➤ Required to share sensitive health information in Missouri 	<ul style="list-style-type: none"> ➤ Does not meet state legal requirements for sharing information related to genetic information, abortion, mental health, and substance abuse services ➤ Unclear if it meets State requirements for exchange of HIV information
Clinical Value of Information <ul style="list-style-type: none"> ➤ The Statewide HIO must include information necessary to provide effective treatment; without robust information, physicians will not participate and the HIO will not be sustainable 	<ul style="list-style-type: none"> ➤ Allows maximum information sharing under current State law 	<ul style="list-style-type: none"> ➤ Requires exclusion of some types of sensitive health information under current State law ➤ May result in a "thin" system limited to data automatically eligible for exchange.
Technical Feasibility & Cost <ul style="list-style-type: none"> ➤ Generally the cost and technical complexity increase with requirements to exclude certain types of data and/or providers 	<ul style="list-style-type: none"> ➤ Technology models exist for both options 	<ul style="list-style-type: none"> ➤ Technology models exist for both options ➤ The need to exclude certain types of data and/or providers may increase costs
Administrative Burden & Implementation Cost <ul style="list-style-type: none"> ➤ Deployment of consent policies require varying degrees of involvement, resources, and cost among providers and other HIO participants 	<ul style="list-style-type: none"> ➤ Requires educational strategies by HIO and providers ➤ Likely to be bundled with notice and consent processes currently used for health information 	<ul style="list-style-type: none"> ➤ Eliminates need to gather patient consent ➤ Efforts required to ensure consumers are aware of exchange and have opportunity to opt-out ➤ Providers may still want documentation

Summary of Sensitive Health Information - Draft

Type of Information	Authorization Required for Treatment Purposes?	Feasibility			
		Opt-In	Opt-Out	Technologically	Clinically
Genetic Information*	Yes	Yes	No	Only if segregation of discrete data is feasible.	Yes
Abortion Records	Yes	Yes	No	Only if segregation of discrete data is feasible.	Yes
Drug and Substance Abuse	Yes	Yes (but only with separate authorization)	No	Only if segregation of discrete data is feasible.	Yes
Head Injury Records	No	Yes	Yes		
Mental Health Records	No	Yes	Yes	No – Segregation of discrete diagnosis may be feasible but also includes Rx information.	No
HIV	Sometimes**	Yes	Probably Not**	No – HIV information is comprehensively included throughout all patient medical information.	No

*Genetic information includes the results of a genetic test, but not family history, the results of routine physical measurements, or the results of chemical, blood, or urine analysis.

**Information related to a patient's HIV status may be disclosed to providers who have a "need to know" for the purpose of providing direct patient care to the patient; however, a treatment situation where a health care provider does not need to know the patient's HIV status in order to provide direct patient care is foreseeable.

Regional HIO Consent Policies - *DRAFT*

Regional HIO	Consent Policies	Language/Addl Information
Kansas City Bi-State HIE (KC-BHIE)	Under development	<ul style="list-style-type: none"> ➤ Privacy, Security, and Legal Committee is developing policy recommendation ➤ Kansas and Missouri are currently considering different consent policies
Lewis and Clark Information Exchange (LACIE)	Opt-out	<ul style="list-style-type: none"> ➤ We are seeking more information about how they are handling sensitive health information
Springfield	Under development	<ul style="list-style-type: none"> ➤ Monitoring MO-HITECH guidance
St. Louis Integrated Health Network	Under development	<ul style="list-style-type: none"> ➤ Beginning to develop consent language ➤ Monitoring MO-HITECH guidance
CareEntrust (Personally controlled record)	N/A Consent policies refer to the consumers' desire to participate in a PHR	<ul style="list-style-type: none"> ➤ Consumers are given access to the CareEntrust PHR through medical benefit enrollment ➤ Consumers control provider access to the information in their PHR at the organizational level

Border State Consent Policies – DRAFT

State	Consent Policies	Sensitive Health Information	Lead Organization & Recommendations
Arkansas	Under development	Not yet addressed	Arkansas Health Information Exchange - http://recovery.arkansas.gov/hie/ Legal & Policy Workgroup began meeting in March 2010.
Illinois	Under development	Not yet addressed	Illinois Health Information Exchange - http://www.hie.illinois.gov/ The Privacy & Security Working Group will recommend how to address the issue of patient control of data and patient consent in the design of the state-level HIE.
Iowa	Under development <i>Opt-out</i>	Seeking changes under state law	Iowa eHealth – http://www.idph.state.ia.us/ehealth/default.asp <i>Workgroup Recommendation</i> – Establish clear patient consent policies within the HIE privacy and security framework; Consider statutory changes in Iowa law to allow protected health information to be exchanged among providers for treatment-related purposes without additional patient consent
Kansas	Under development <i>Opt-out</i>	Seeking changes under state law	Kansas e-Health Advisory Council – http://www.kanhit.org/ It is anticipated that the Council will seek legislative changes in support of an opt-out model.
Kentucky	Opt-out	Unclear whether included	Kentucky Health Information Exchange - http://chfs.ky.gov/os/goehi/khie.htm Patients have the right to opt-out at any time and not participate in the exchange of their personal health information through the KHIE. There is no emergency access if a patient has chosen to opt-out.
Nebraska	Opt-out	Specified classes of sensitive data are excluded from exchange	Nebraska Health Information Initiative - http://nehii.org/ Participation in the Nebraska Health Information Initiative (NeHII) is voluntary. However, health information will be included in NeHII unless the consumer opts out. Some types of specially protected health information is excluded from the exchange.
Oklahoma	<i>Voluntary Opt-in</i>	Under consideration	Oklahoma Health Information Exchange - http://www.okhca.org/ State Legislature ordered the creation of a standard authorization form for health information exchange. Providers who use the <i>optional</i> form and follow are immunized from liability under state privacy laws. (Oklahoma SB 1420)
Tennessee	Opt-out	Not yet addressed	Health Information Partnership for Tennessee - http://www.hiptn.org/ The Privacy and Security Workgroup will revisit its opt-out/patient notification recommendations upon review of sensitive health information.

Discussion

Next Steps

- **RFI responses due tomorrow, April 16th**
- **Workgroups will *not* meet on April 20th & 21st**
 - *Consolidated webinar – Wednesday, April 21st
9:30 – 11:00 am*
- **Draft Operational Plan target release date – April 27th**

Next Meeting – May 20, 2010

10:00 am – 3:00 pm

Columbia, MO

- Review *Draft Operational Plan*
- Review summary of RFI responses

June Meetings – Proposed Schedule

- **June 3, 10:00 am – 1:00 pm** – Review and discuss slate of Board nominees
In-person or by phone, Jefferson City, MO
- **June 24, 10:00 am – 3:00 pm** – Finalize Operational Plan & appoint Board
In-person, Columbia, MO